

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-973)**

SERIAL NO.

APPLICANT'S

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			NO.	NO.	NO.	NO.	NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						61					
2		1					62	1				
3		1					63		1			
4		1					64		1			
5		1					65					
6		1					66					
7		1					67					
8		1					68					
9		1					69					
10		1					70					
11		1					71					
12		1					72					
13		1					73					
14		1					74					
15		1					75					
16		1					76					
17		1					77					
18		1					78					
19		1					79					
20		1					80					
21		1					81					
22		1					82					
23		1					83					
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25		1					85					
26		1					86					
27		1					87					
28		1					88					
29		1					89					
30		1					90					
31		1					91					
32		1					92					
33		1					93					
34		1					94					
35		1					95					
36		1					96					
37		1					97					
38		1					98					
39		1					99					
40		1					100					
41		1										
42		1										
43		1										
44		1										
45		1										
46		1										
47		1										
48		1										
49		1										
50		1										
TOTAL IND.							TOTAL IND.	6				
TOTAL DEP.							TOTAL DEP.	48				
TOTAL CLAIMS							TOTAL CLAIMS	54				

PTO-6250 (2-78)

USE TO DEDUCT FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT
OF COMMERCE

BEST AVAILABLE COPY